

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Elect Dara Skinner
 Address P.O. Box 10256, Gulfport, MS 39505
 Telephone 228-860-5494 Fax 228-831-1319
 Treasurer Helen Frazer Email daraskinner@bellsouth.net



☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
 ____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
 ____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
 ____ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
☒ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
 ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
 ____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
 ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 3349.00 + \$ 904.00	\$ 4253.00	\$ 12,785.33
Total amount of disbursements	\$ 3807.42 + \$ 192.00	\$ 3999.42	\$ 12140.39
Total amount of cash on hand		\$ 644.94	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Helen Frazer
Signature of Director or Treasurer

10-25-2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Elect Dara SkinnerReporting period 10-1-10 through 10-23-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chris Savoca		10 / 13 / 10	\$ 500.00
Mailing Address 2851 Johnston Street, #294		___ / ___ / ___	\$
City, State, Zip Code Lafayette, LA 70503		___ / ___ / ___	\$
Name of Employer (Required) Savoca Marketing Group, LLC		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Owen T. Bourgeois		10 / 07 / 10	\$ 200.00
Mailing Address 497 Felicity Street		___ / ___ / ___	\$
City, State, Zip Code Bay St. Louis, MS 39520		___ / ___ / ___	\$
Name of Employer (Required) Bourgeois Auto Sales		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dara Skinner		___ / ___ / ___	\$ 2649.00
Mailing Address 15045 Dedeaux Road		___ / ___ / ___	\$
City, State, Zip Code Gulfport, MS 39503		___ / ___ / ___	\$
Name of Employer (Required) Dara Skinner, Attorney		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Dara Skinner
 Reporting period 10-1-10 through 10-23-10

ITEMIZED DISBURSEMENTS

A. Full name U.S. Postmaster	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Highway 49 North	10/07/10	\$ 88.00
City, State, Zip Code Gulfport, MS 39503	___/___/___	\$
Purpose of Disbursement (Optional) Postage	Aggregate Year-to-date	\$ 418.16
B. Full name Alliston's	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 14494 Collins Blvd.	10/01/10	\$ 155.42
City, State, Zip Code Gulfport, MS 39503	___/___/___	\$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 340.26
C. Full name Cable One	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 283 Debuys Road	10/15/10	\$ 2274.00
City, State, Zip Code Gulfport, MS 39507	___/___/___	\$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 2274.00
D. Full name WJZD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10211 South Park Drive	10/20/10	\$ 315.00
City, State, Zip Code Gulfport, MS 39503	___/___/___	\$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 315.00
E. Full name Clear Channel Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 286 Debuys Road	10/20/10	\$ 525.00
City, State, Zip Code Biloxi, MS 39531	___/___/___	\$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 525.00
F. Full name Orange Grove/Lyman Chamber of Commerce	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 13470 Highway 49	10/20/10	\$ 250.00
City, State, Zip Code Gulfport, MS 39503	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00

Name of Candidate or Committee Committee to Elect Dara SkinnerReporting period 10-1-10 through 10-23-10

ITEMIZED DISBURSEMENTS

A. Full name Coop's Rib Crib	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 14131 Dedeaux Road	10 / 18 / 10	\$ 200.00
City, State, Zip Code Gulfport, MS 39503	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$